

The AI of the Beholder in Medical Imaging

Jeff Fessler

DUP Talk

2025-09-25

University Hall – Ruthven Administration Bldg

youtube: <https://www.youtube.com/watch?v=JRuxdgmqml>

My career journey

- Indiana/Purdue
1964-1985
- Stanford
1985-1990
- Michigan
1990 - now
(Go Blue!)

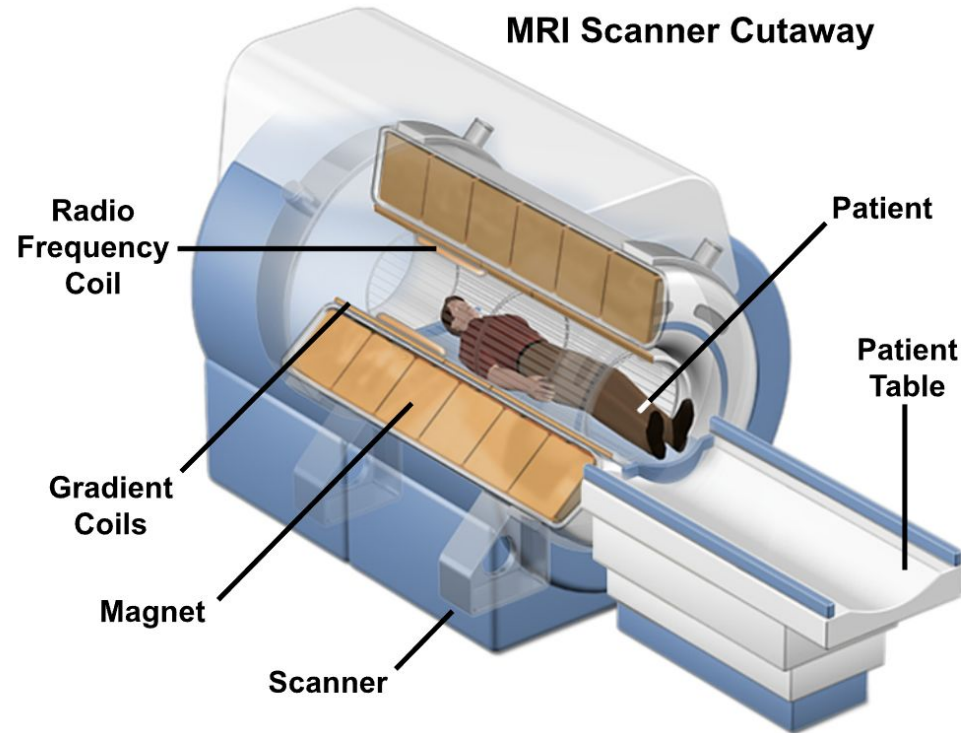


https://upload.wikimedia.org/wikipedia/commons/a/a5/Map_of_USA_with_state_names.svg

Ubuntu

I am, because we are

AI/ML in Medical Imaging - Under the hood



Ailment



X-ray Imaging



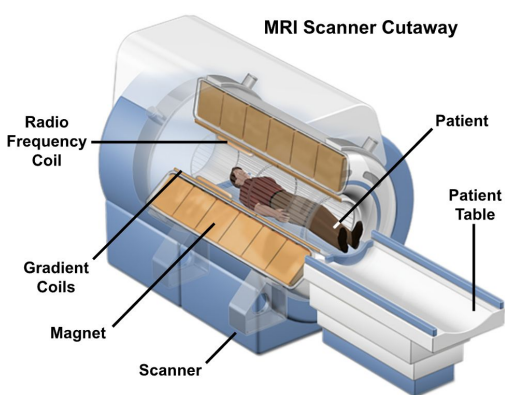
X-ray Images



Orthopedist



MR Imaging



MR Images



Radiologist Read



Diagnosis

FINDINGS:

Rotator cuff tendons:

- * Rotator cuff tendons: No tendon tear.
- * Rotator cuff muscles: No muscle atrophy. Increased T1 and T2 signal in the inferior subscapularis muscle suggestive of blood products, indicative of partial muscle tear. There is small amount of fluid between the subscapularis and adjacent triceps muscle.
- * Long head biceps tendon: No tear or significant tendinosis. No dislocation.
- * Coracoacromial Arch: Acromion morphology is type I. No os acromiale. No fracture. No significant osteoarthritis. Mild thickening of the subacromial-subdeltoid bursa.
- * Glenohumeral Joint: Trace fluid in the joint. Normal alignment. No significant osteoarthritis.
- * Labrum: There is evidence anterior inferior labral ligamentous complex of injury with a cleft at the chondral labral junction. There is thickening and edematous anterior inferior joint capsule/anterior inferior glenohumeral ligament in keeping with injury. There is edema and fluid surrounding the capsular humeral attachment site and surrounding neurovascular structures.
- * Miscellaneous: Impaction fracture with surrounding edema in the posterior superior humeral head in keeping with Hill-Sachs lesion. No osseous Bankart. There is soft tissue edema with small amount of fluid deep to the coracobrachialis and short head of biceps muscle. Trace fluid proximal superficial to the subscapularis muscle fascia.



Treatment Plan



Treatment



What diagnostic tests?

Ailment



???



X-ray Imaging



X-ray Images



- To image or not to image...
- X-ray? CT? MRI? Ultrasound? SPECT? PET?
- X-ray contrast (dye) or non-contrast?
- ...

What diagnostic tests?

Ailment



???



X-ray Imaging



X-ray Images



Research: AI-Driven Clinical Decision Support Systems

<https://doi.org/10.7759/cureus.57728>

MRI is very versatile

Ailment



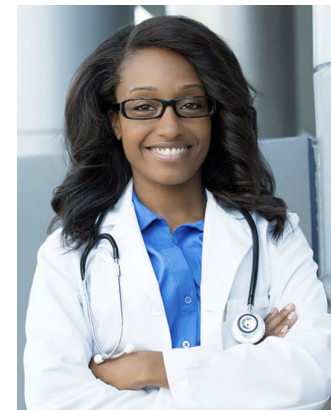
X-ray Imaging



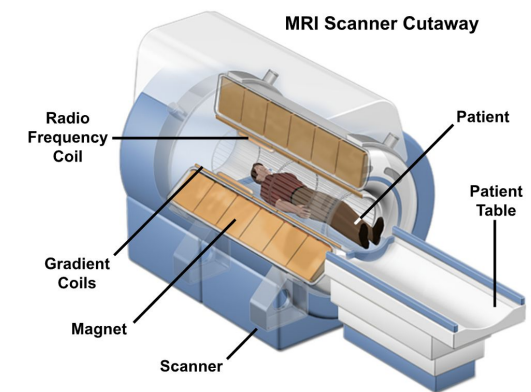
X-ray Images



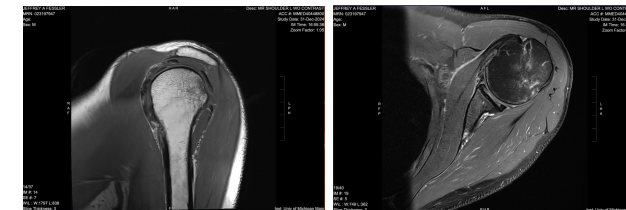
Orthopedist



MR Imaging



MR Images



- MRI scanners have 100s of protocols
- Each protocol has dozens of selectable parameters (perspective, # slices & pixels, contrast, ...)
- ...

MRI is very versatile

Ailment



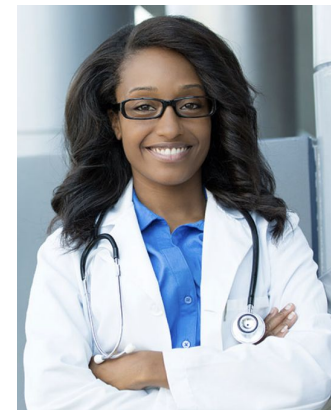
X-ray Imaging



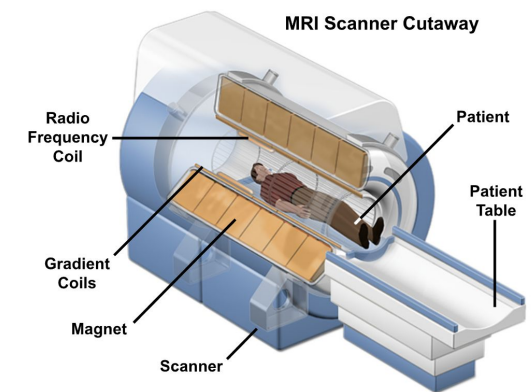
X-ray Images



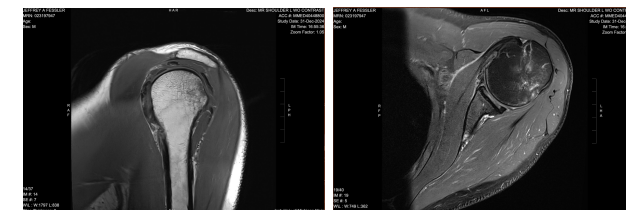
Orthopedist



MR Imaging



MR Images



Research: AI-based protocoling

<https://doi.org/10.1007/s10278-022-00610-1>

Radiologist interpretation

- Stacks and stacks of 2D images of 3D anatomy

Diagnosis

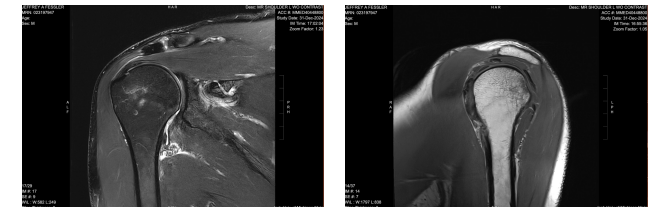
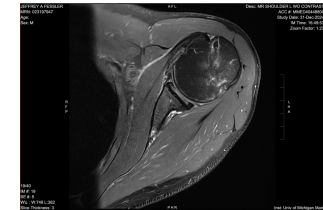
FINDINGS:

Rotator cuff tendons:
* Rotator cuff tendons: No tendon tear.
* Rotator cuff muscles: No muscle atrophy. Increased T1 and T2 signal in the inferior subscapularis muscle suggestive of blood products, indicative of partial muscle tear. There is small amount of fluid between the subscapularis and adjacent triceps muscle.
* Long head biceps tendon: No tear or significant tendinosis. No dislocation.
* Coracoacromial Arch: Acromion morphology is type I. No os acromiale. No fracture. No significant osteoarthritis. Mild thickening of the subacromial-subdeltoid bursa.
* Glenohumeral Joint: Trace fluid in the joint. Normal alignment. No significant osteoarthritis.
* Labrum: There is evidence anterior inferior labral ligamentous complex of injury with a cleft at the chondral labral junction. There is thickening and edematous anterior inferior joint capsule/anterior inferior glenohumeral ligament in keeping with injury. There is edema and fluid surrounding the capsular humeral attachment site and surrounding neurovascular structures.
* Miscellaneous: Impaction fracture with surrounding edema in the posterior superior humeral head in keeping with Hill-Sachs lesion. No osseous Bankart. There is soft tissue edema with small amount of fluid deep to the coracobrachialis and short head of biceps muscle. Trace fluid proximal superficial to the subscapularis muscle fascia.

Radiologist Read

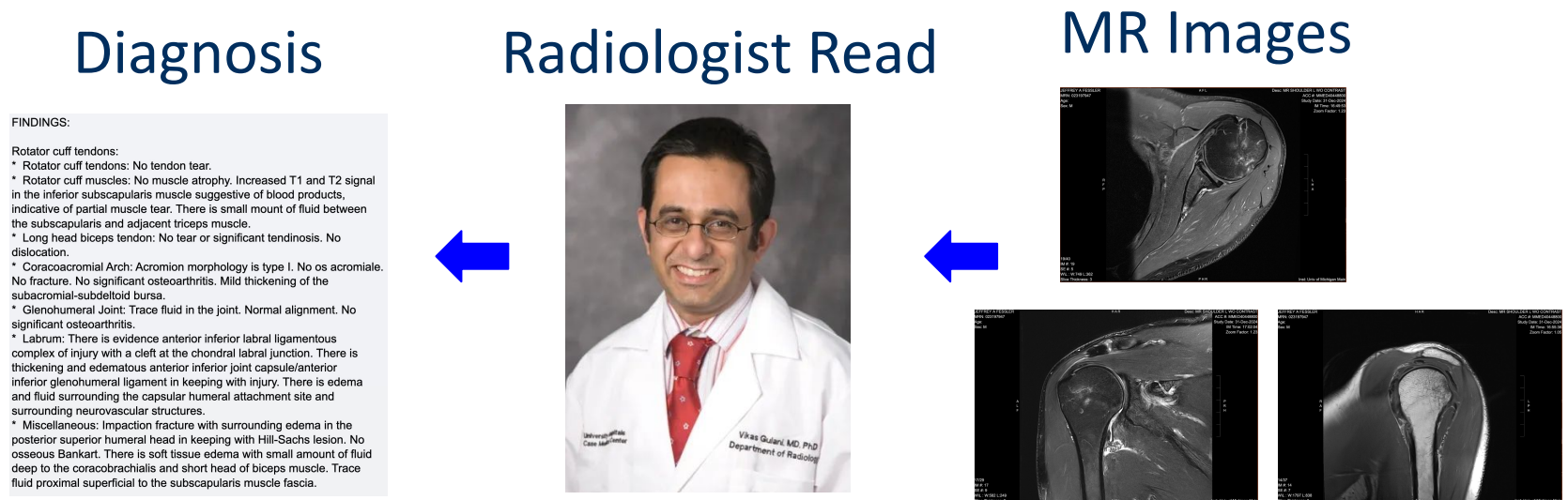


MR Images



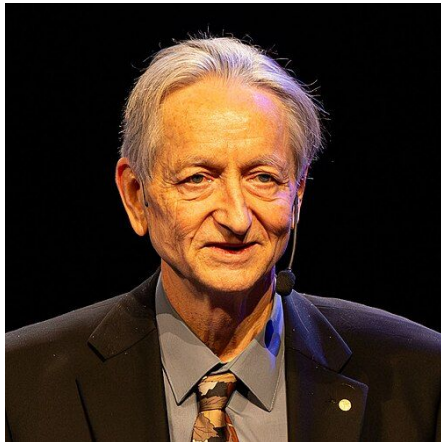
AI-assisted diagnosis

- Computer vision? 2D vs 3D?
- Research: AI-based image classification / image analysis



AI-assisted diagnosis

- Geoffrey Hinton 2016: "People should stop training radiologists now... it's just completely obvious that within five years deep learning is going to do better than radiologists"
- 2024 Nobel Prize in Physics



Diagnosis

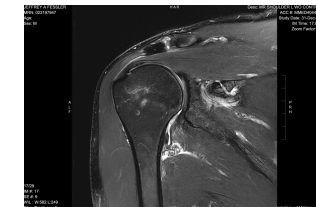
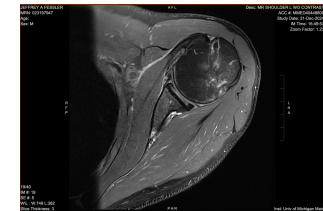
FINDINGS:

Rotator cuff tendons:
* Rotator cuff tendons: No tendon tear.
* Rotator cuff muscles: No muscle atrophy. Increased T1 and T2 signal in the inferior subscapularis muscle suggestive of blood products, indicative of partial muscle tear. There is small amount of fluid between the subscapularis and adjacent triceps muscle.
* Long head biceps tendon: No tear or significant tendinosis. No dislocation.
* Coracoacromial Arch: Acromion morphology is type I. No os acromiale. No fracture. No significant osteoarthritis. Mild thickening of the subacromial-subdeltoid bursa.
* Glenohumeral Joint: Trace fluid in the joint. Normal alignment. No significant osteoarthritis.
* Labrum: There is evidence anterior inferior labral ligamentous complex of injury with a cleft at the chondral labral junction. There is thickening and edematous anterior inferior joint capsule/anterior inferior glenohumeral ligament in keeping with injury. There is edema and fluid surrounding the capsular humeral attachment site and surrounding neurovascular structures.
* Miscellaneous: Impaction fracture with surrounding edema in the posterior superior humeral head in keeping with Hill-Sachs lesion. No osseous Bankart. There is soft tissue edema with small amount of fluid deep to the coracobrachialis and short head of biceps muscle. Trace fluid proximal superficial to the subscapularis muscle fascia.

Radiologist Read



MR Images



AI/ML devices

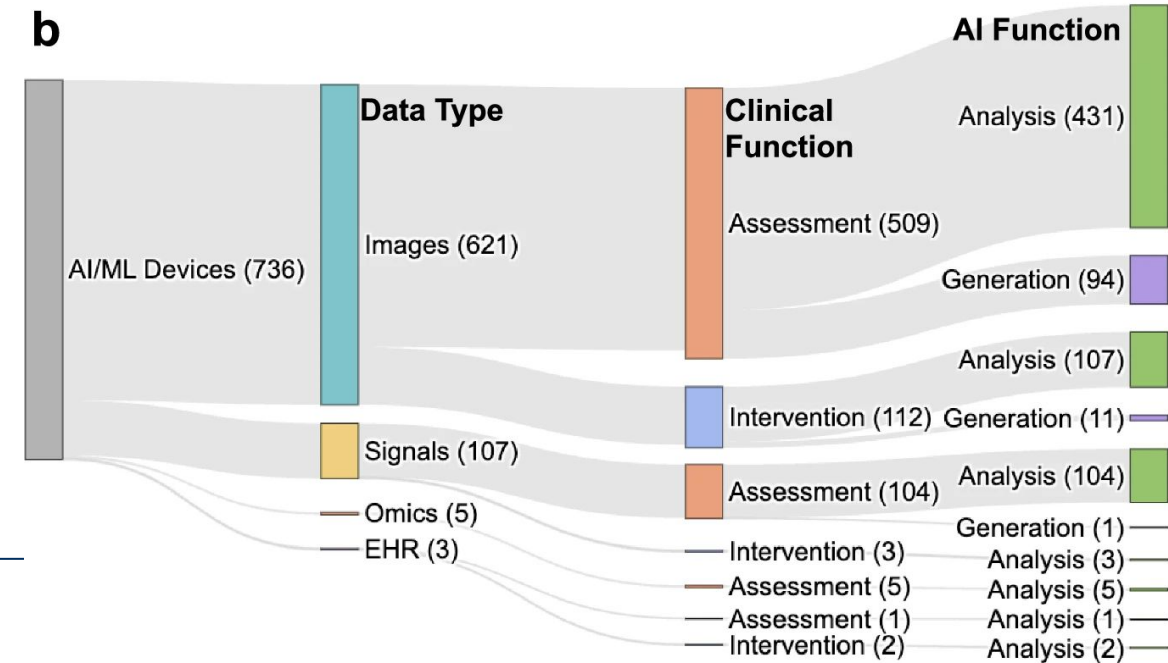
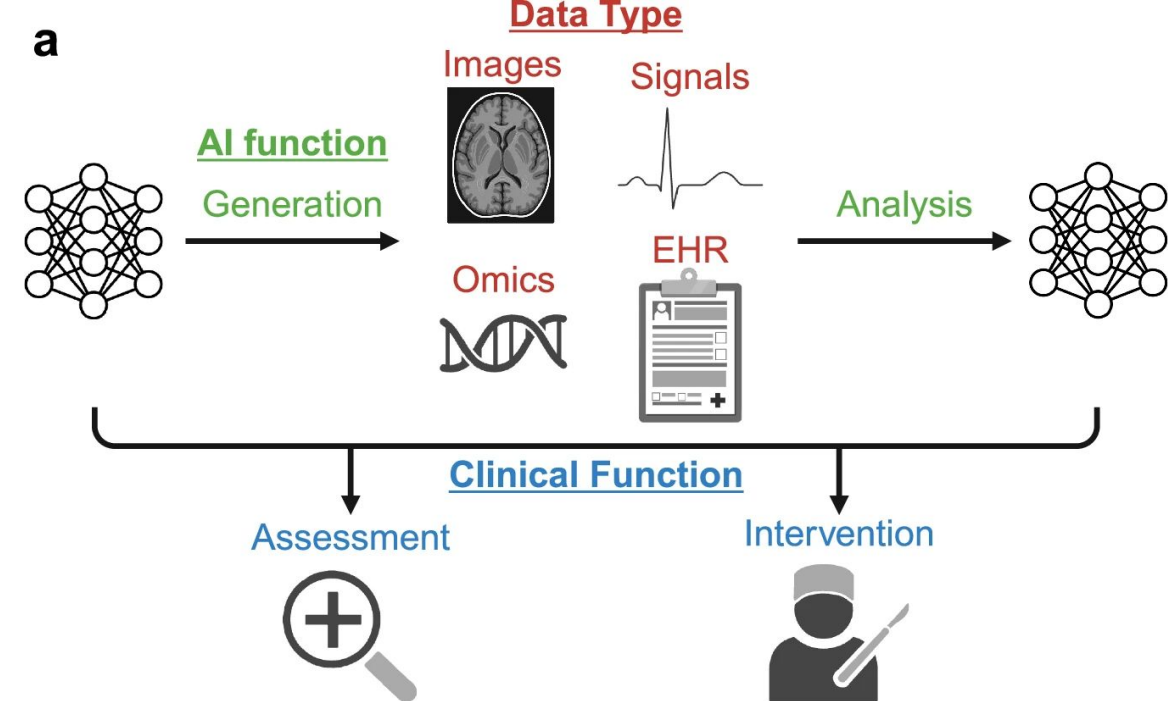
Singh et al, npj Digital Medicine

July 2025

> 1000 FDA-authorizations
of 736 unique “devices”

Beyond R&D

<https://doi.org/10.1038/s41746-025-01800-1>



Treatment planning

- Research: AI-assisted treatment planning and monitoring (pharmaceuticals, radiation delivery...)

https://doi.org/10.1200/JCO.2024.42.16_suppl.1523

Treatment



Treatment Plan



Diagnosis

FINDINGS:

Rotator cuff tendons:
* Rotator cuff tendons: No tendon tear.
* Rotator cuff muscles: No muscle atrophy. Increased T1 and T2 signal in the inferior subscapularis muscle suggestive of blood products, indicative of partial muscle tear. There is small amount of fluid between the subscapularis and adjacent triceps muscle.
* Long head biceps tendon: No tear or significant tendinosis. No dislocation.

* Coracoacromial Arch: Acromion morphology is type I. No os acromiale. No fracture. No significant osteoarthritis. Mild thickening of the subacromial-subdeltoid bursa.

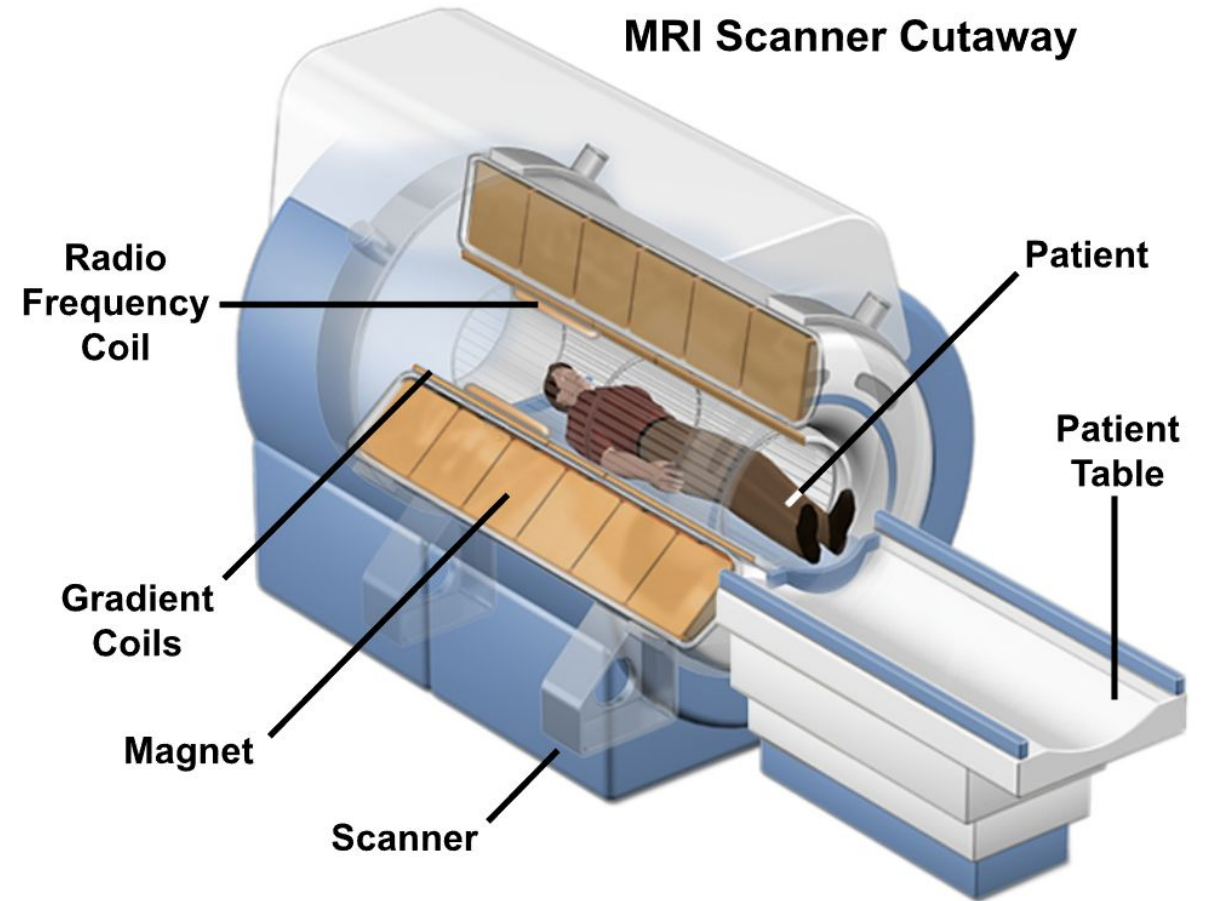
* Glenohumeral Joint: Trace fluid in the joint. Normal alignment. No significant osteoarthritis.

* Labrum: There is evidence anterior inferior labral ligamentous complex of injury with a cleft at the chondral labral junction. There is thickening and edematous anterior inferior joint capsule/anterior inferior glenohumeral ligament in keeping with injury. There is edema and fluid surrounding the capsular humeral attachment site and surrounding neurovascular structures.

* Miscellaneous: Impaction fracture with surrounding edema in the posterior superior humeral head in keeping with Hill-Sachs lesion. No osseous Bankart. There is soft tissue edema with small amount of fluid deep to the coracobrachialis and short head of biceps muscle. Trace fluid proximal superficial to the subscapularis muscle fascia.

AI/ML in Medical Imaging - Under the hood

- RF coil(s)
(transmit and sense)
- gradient coils



Why?

- Reduce scan time (cost, comfort, motion)
- Make scans quieter
- Improve image quality (resolution, noise)
- Make images more quantitative
- Make scans more reproducible (between and within vendors/sites)
- Make images that better relate to tissue pathology (e.g., in white matter)

MRI sampling and reconstruction

Raw k-space data

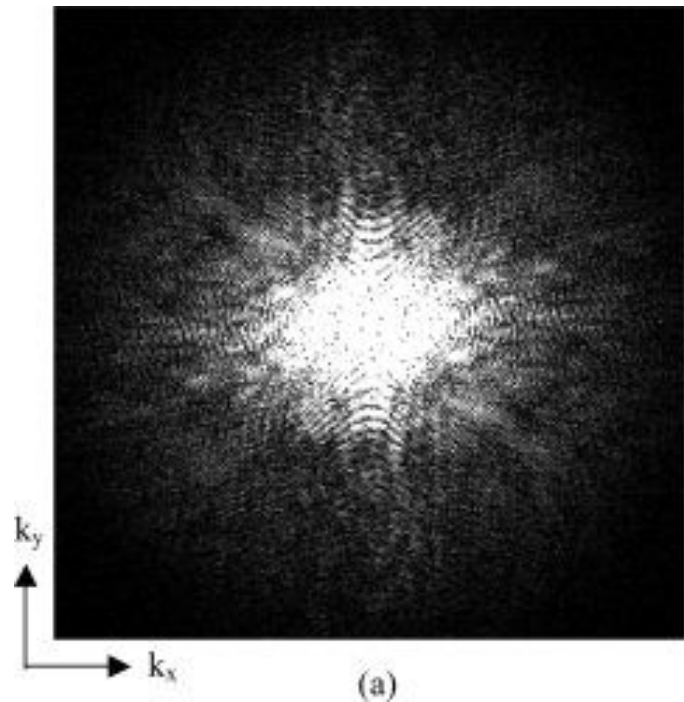


Image Reconstruction Magic

$$\hat{\mathbf{x}} = \arg \min_{\mathbf{x}} \frac{1}{2} \|\mathbf{Ax} - \mathbf{y}\|_2^2 + \beta \|\mathbf{T}\mathbf{x}\|_1.$$

$$\hat{\mathbf{x}} = \arg \min_{\mathbf{x}} \frac{1}{2} \|\mathbf{Ax} - \mathbf{y}\|_2^2 + \beta R(\mathbf{x})$$

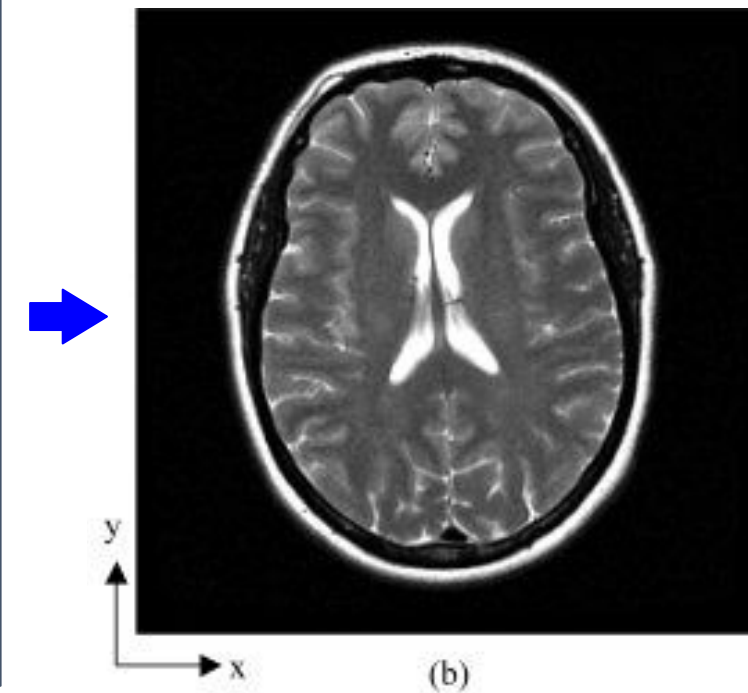
$$R(\mathbf{x}) = \min_{\mathbf{z}} \frac{1}{2} \|\mathbf{x} - \mathbf{Dz}\|_2^2 + \alpha \|\mathbf{z}\|_1.$$

$$\hat{\mathbf{x}} = \mathbf{D}\hat{\mathbf{z}}, \quad \hat{\mathbf{z}} = \arg \min_{\mathbf{z}} \frac{1}{2} \|\mathbf{ADz} - \mathbf{y}\|_2^2 + \beta \|\mathbf{z}\|_1$$

$$\min_{\mathbf{x}_L, \mathbf{x}_S} \frac{1}{2} \|\mathbf{A}(\mathbf{x}_L + \mathbf{x}_S) - \mathbf{y}\|_2^2 + \lambda_L \|\mathbf{R}_1(\mathbf{x}_L)\|_* + \lambda_S \|\mathbf{T}\mathbf{x}_S\|_1.$$

$$\hat{\mathbf{X}} = \arg \min_{\mathbf{X} \in \mathbb{C}^{M \times N}} f(\mathbf{X}) + \beta \sum_{s \in \Lambda} \sum_{p \in \Gamma} \|\mathcal{P}_p(\mathcal{S}_s(\mathbf{X}))\|_*$$

Reconstructed Image



<http://dx.doi.org/10.1002/jmri.10451>

MRI sampling and reconstruction

Raw k-space data

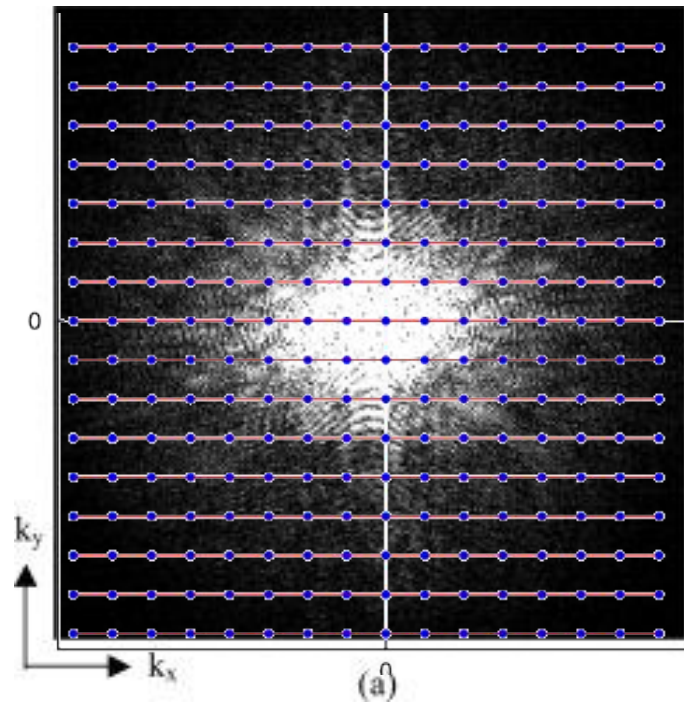


Image Reconstruction Magic

$$\hat{x} = \arg \min_x \frac{1}{2} \|Ax - y\|_2^2 + \beta \|Tx\|_1.$$

$$\hat{x} = \arg \min_x \frac{1}{2} \|Ax - y\|_2^2 + \beta R(x)$$

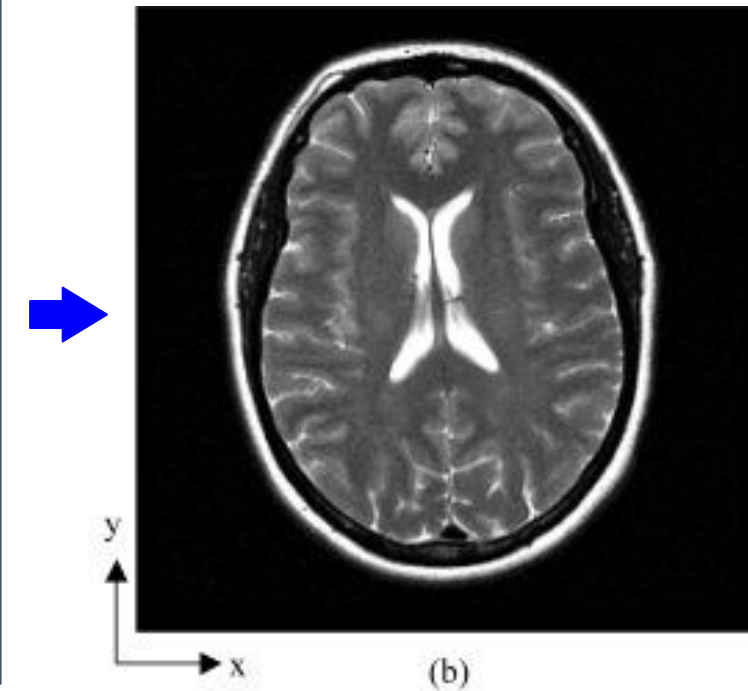
$$R(x) = \min_z \frac{1}{2} \|x - Dz\|_2^2 + \alpha \|z\|_1.$$

$$\hat{x} = D\hat{z}, \quad \hat{z} = \arg \min_z \frac{1}{2} \|ADz - y\|_2^2 + \beta \|z\|_1$$

$$\min_{x_L, x_S} \frac{1}{2} \|A(x_L + x_S) - y\|_2^2 + \lambda_L \|R_1(x_L)\|_* + \lambda_S \|Tx_S\|_1.$$

$$\hat{X} = \arg \min_{X \in \mathbb{C}^{M \times N}} f(X) + \beta \sum_{s \in \Lambda} \sum_{p \in \Gamma} \|\mathcal{P}_p(\mathcal{S}_s(X))\|_*$$

Reconstructed Image

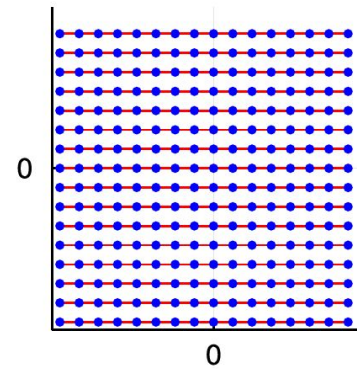


<http://dx.doi.org/10.1002/jmri.10451>

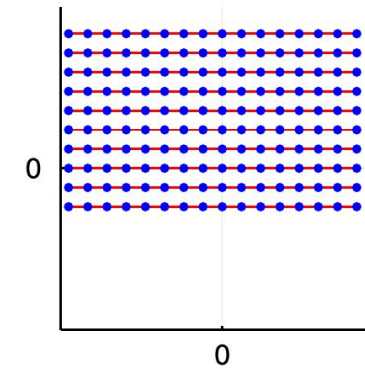
Hand-crafted k-space sampling in MRI

- All are used
- Any best?

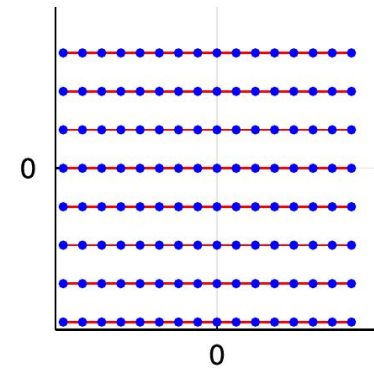
Cartesian



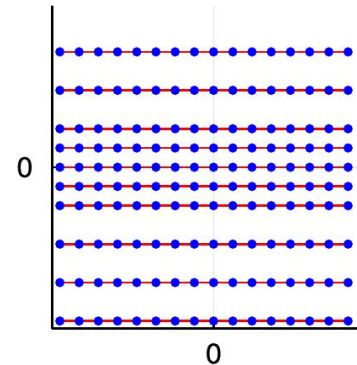
Partial



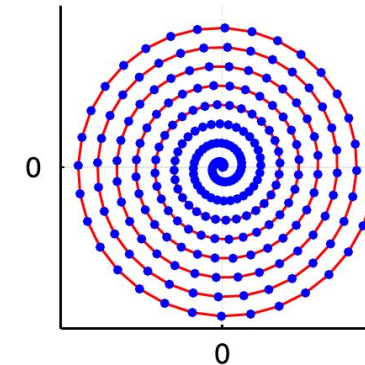
Under-sampled



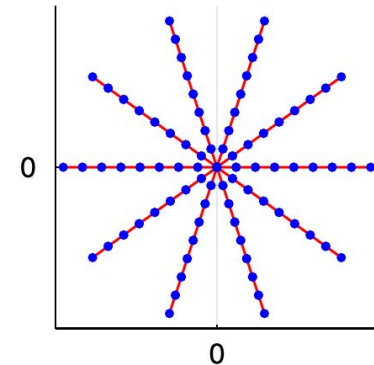
Variable density



Spiral

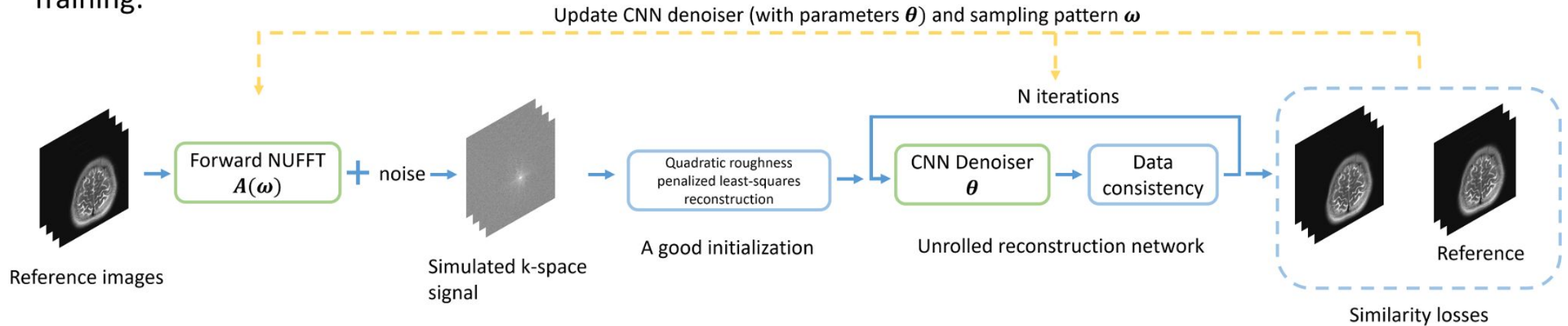


Radial

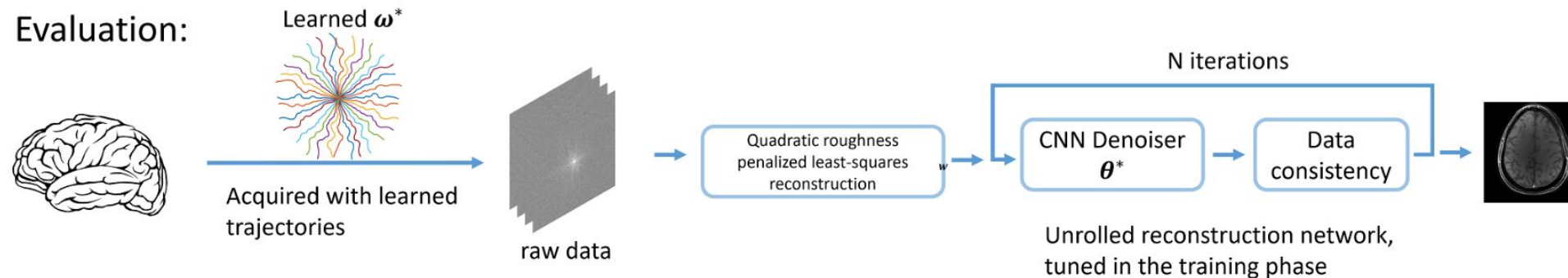


ML-based design of k-space sampling in MRI

Training:



Evaluation:

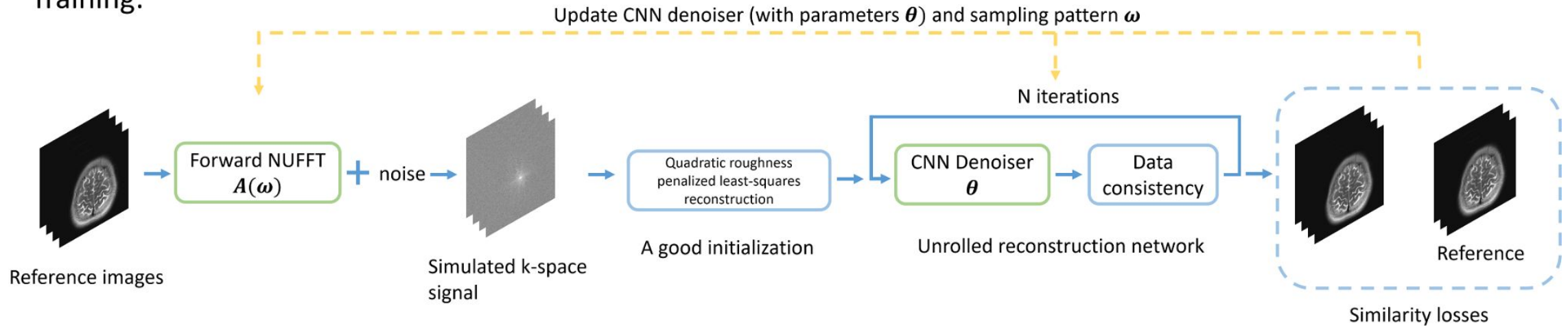


B-spline parameterized joint optimization of reconstruction and k-space trajectories (BJORK)

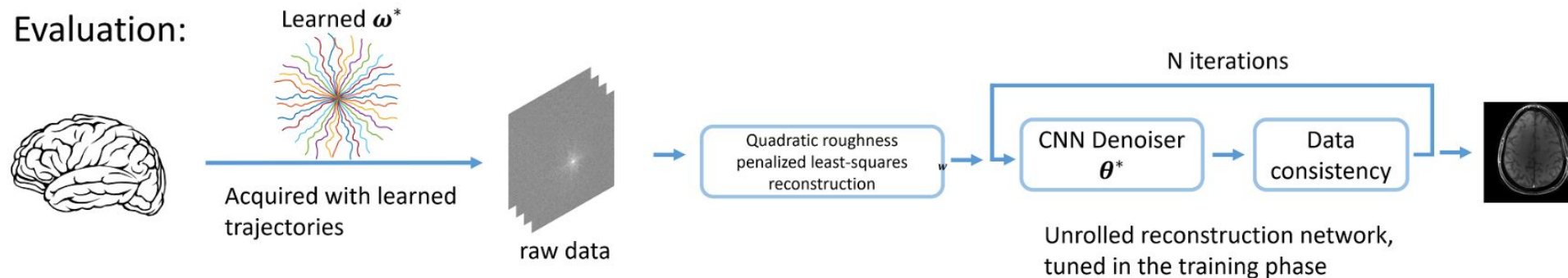
Wang, Luo, Nielsen, Noll, JF: IEEE T-MI, 2022

ML-based design of k-space sampling in MRI

Training:



Evaluation:



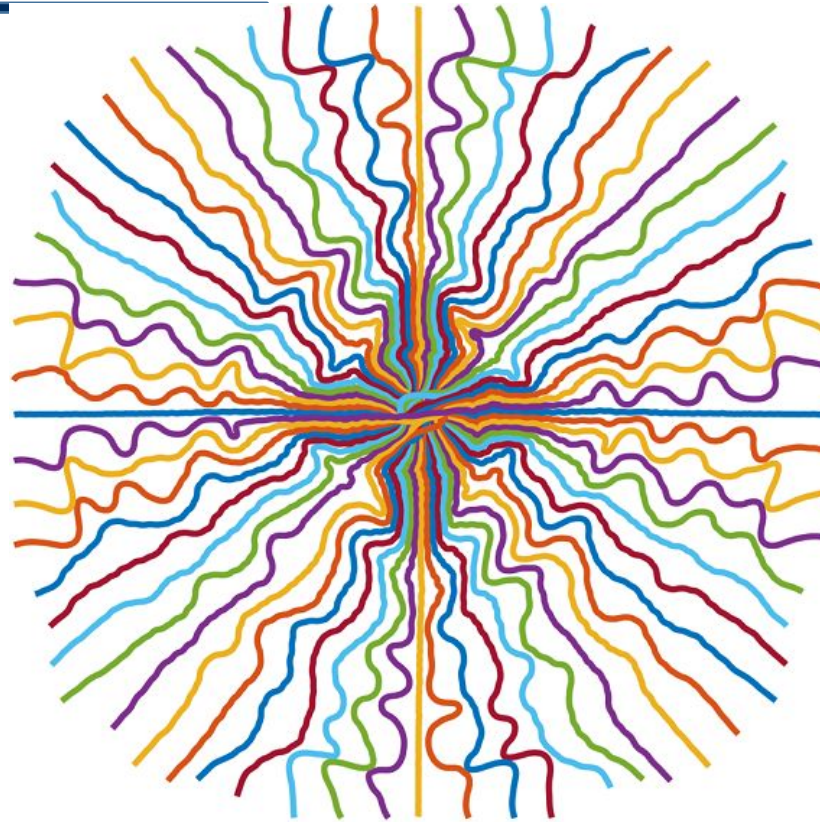
“AI” ?

B-spline parameterized joint optimization of reconstruction and k-space trajectories (BJORK)

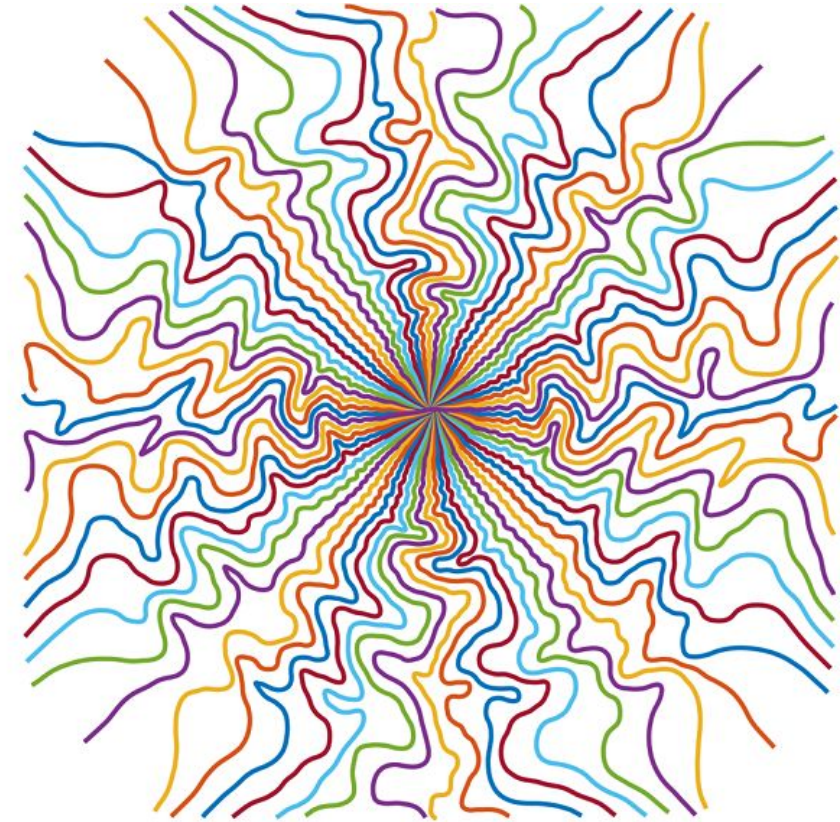
Wang, Luo, Nielsen, Noll, JF: IEEE T-MI, 2022

Anatomy specific sampling

- BJORK
- Wang et al.
IEEE T-MI
2022

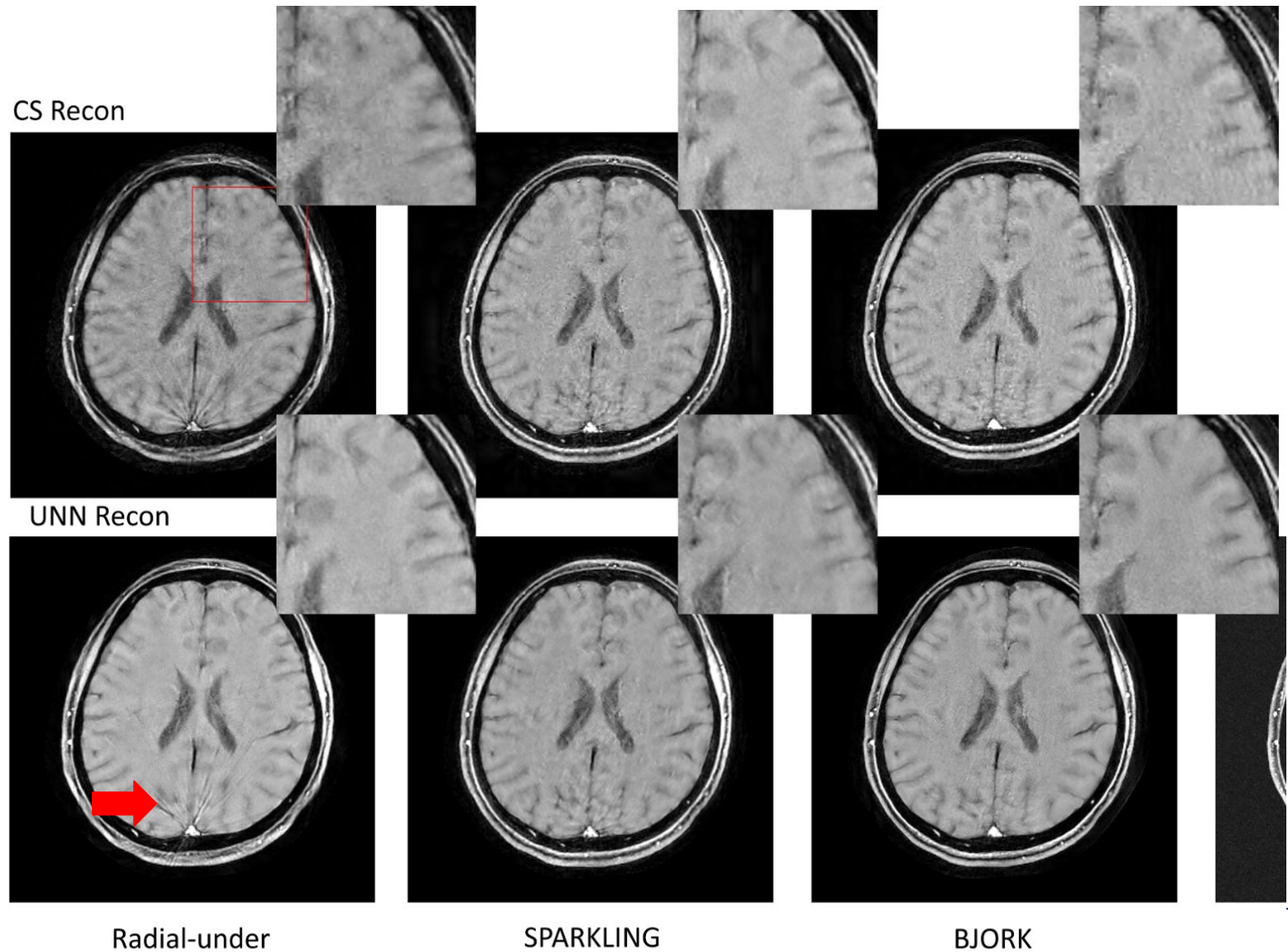


Knee



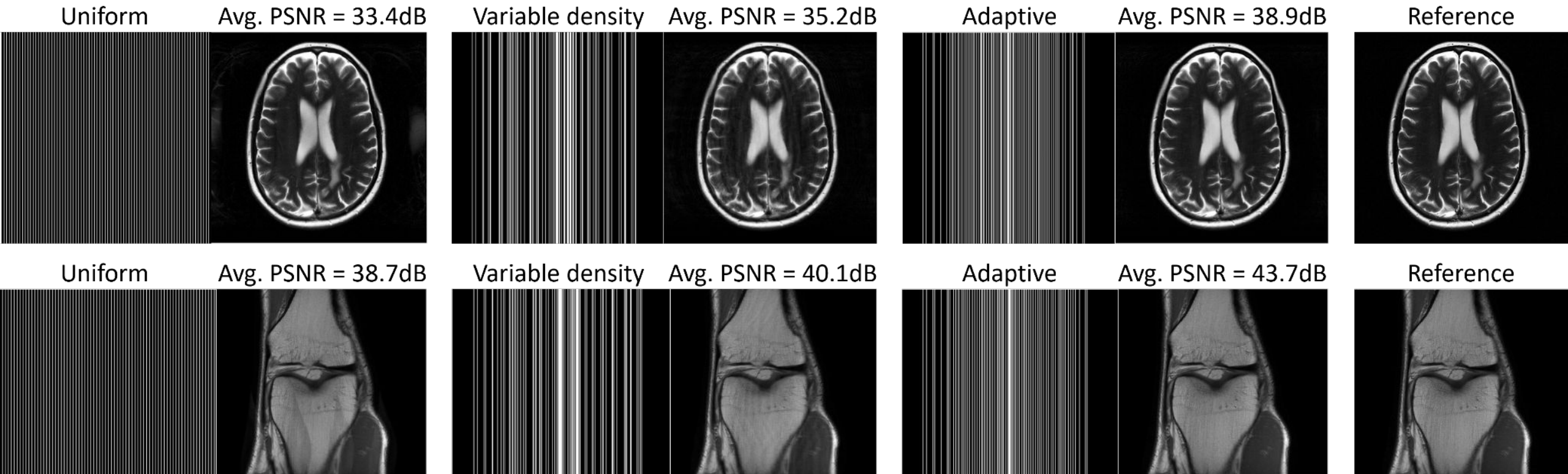
Brain

Prospective in-vivo MRI results

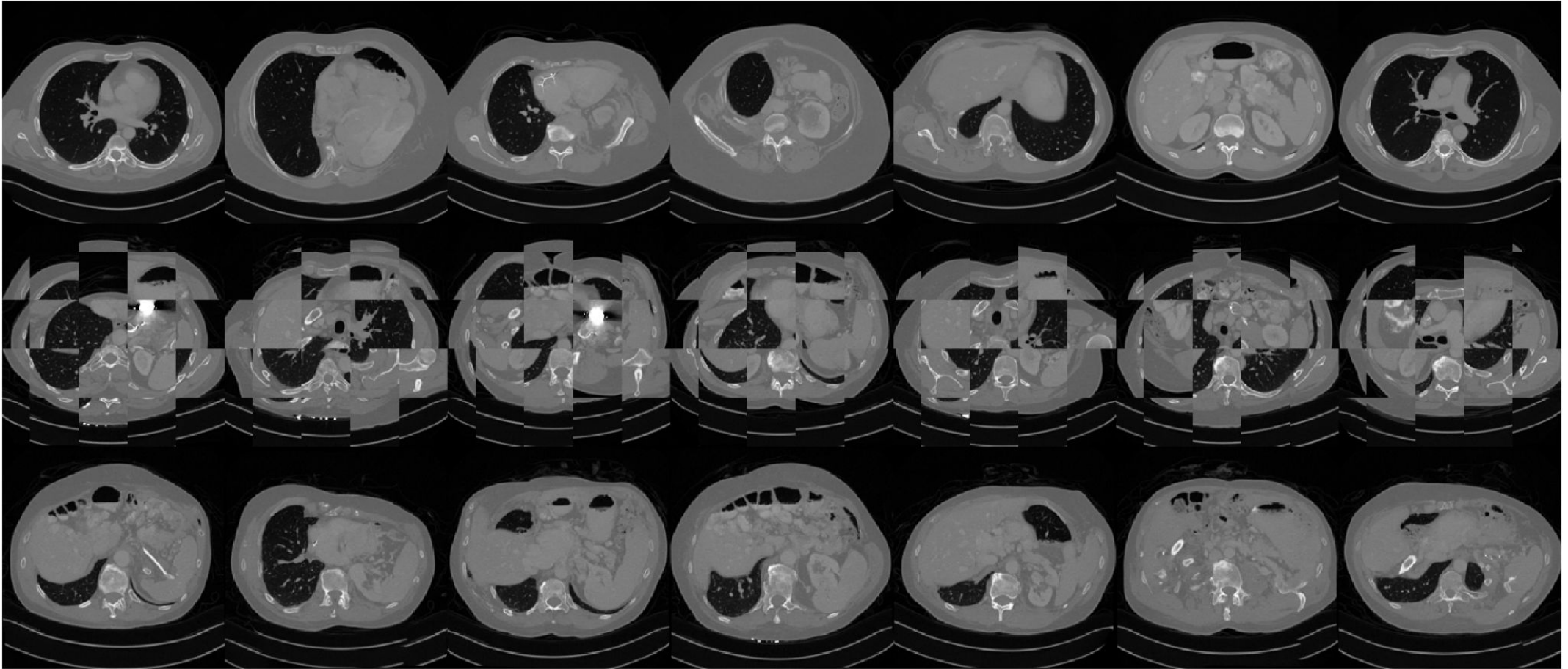


Patient-specific k-space sampling

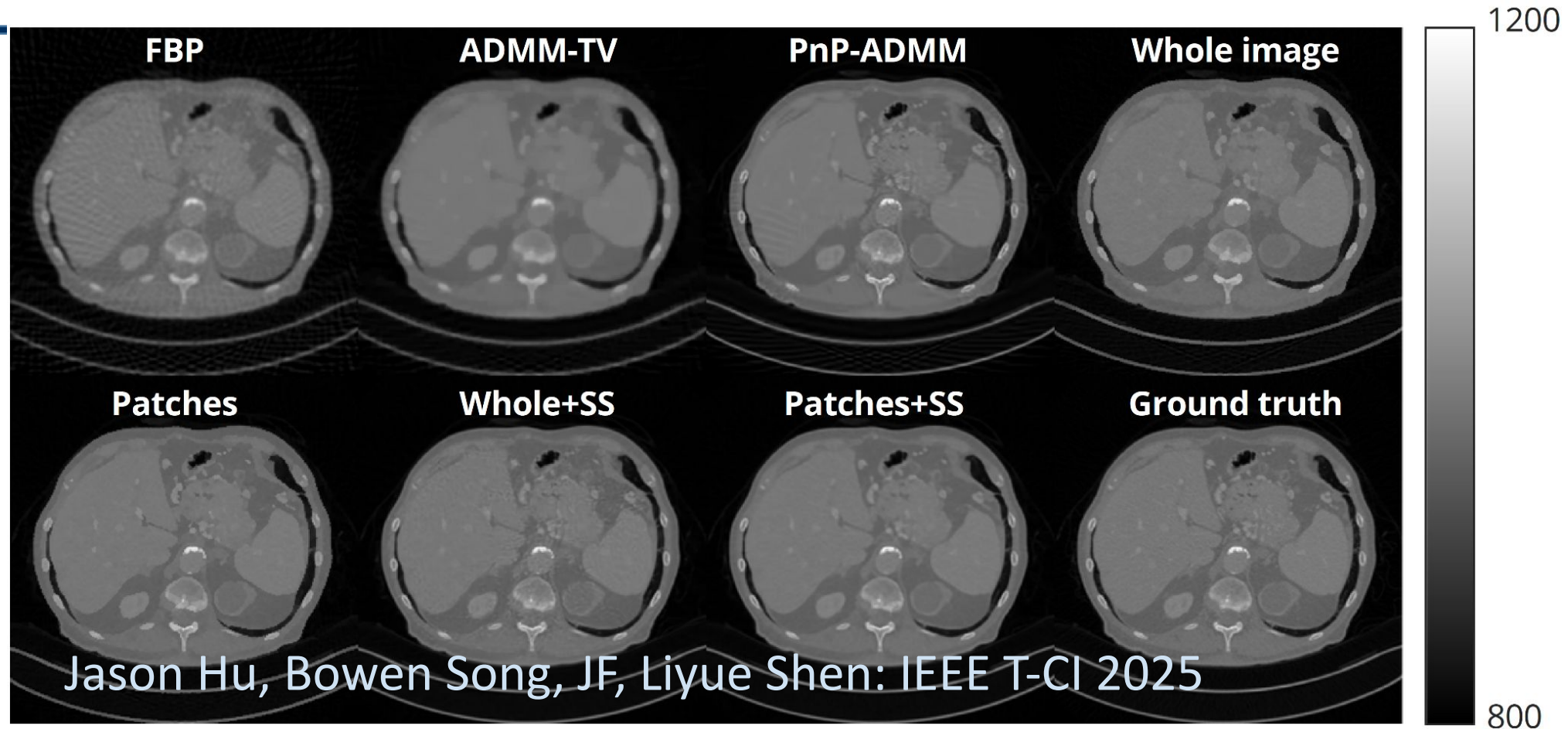
Wang, Noll, JF: arXiv 2302.13468



Generative AI for medical images (NeurIPS 2024)



Low-Dose (Sparse-View) CT Recon with GenAI



(Oct. 28 Stat Sem.)

AI Caveats

- Data requirements
- Privacy
- CO2 footprint
- Interpretability
- Distribution shifts
- ...

But AI is already in hospitals

- 10 vs 25

THE KING AND I
"Getting To Know You"
Rodgers & Hammerstein, 1951

*It's a very ancient saying,
But a true and honest thought,
That if you become a teacher
By your pupils you'll be taught.*